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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/751,189
	Filing Date	December 29, 2000
	First Named Inventor	Daniel B. Stewart
	Group Art Unit	
	Examiner Name	
Total Number of Pages in this Submission [4]	Attorney Docket Number	NTL-3.2.160/3597 (1274ROUS01U)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Preliminary Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(Please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	- Amendment Transmittal letter
<input type="checkbox"/> Information Disclosure Statement with attached IDS Citation form PTO1449 and copies of References Cited	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks: <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge additional fees or credit any overpayment associated with this communication to Deposit Account No. 03-2317.	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Any additional filing fees required under 37 CFR § 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR § 1.17.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	COBRIN & GITES Lawrence E. Russ, Reg. No. 35,342
Signature	<i>Lawrence E. Russ</i>
Date	January 22, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: January 22, 2001	
Typed or printed name	Rosemarie Medina
Signature	<i>Rosemarie Medina</i> [Date]: January 22, 2001

AMENDMENT TRANSMITTAL LETTER

Attorney Docket No.:
NTL-3.2.160/3597
(1274ROUS01U)

Serial No.: 09/751,189

Filing Date: December 29, 2000

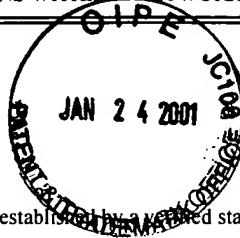
Examiner: to be assigned

Group Art Unit: to be assigned

Inventor(s): Daniel B. Stewart

TITLE OF INVENTION: NETWORK PROTOCOLS FOR DISTRIBUTING FUNCTIONS WITHIN A NETWORK

To: Assistant Commissioner for Patents
Box AMENDMENT
Washington, D.C. 20231



Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR § 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR § 1.9 and § 1.27 is enclosed.
- ☐ A _____ month extension of time is requested. The extension fee of \$ _____ is enclosed.
- ☒ No additional fee is required.
- ☐ Other:
- ☐ The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	PRESENT EXTRA (if total exceeds 20 [3 for indep])
TOTAL	37	MINUS	37	0
INDEP	6	MINUS	6	0
FIRST PRESENTATION OF MULTIPLE DEP CLAIM				

SMALL ENTITY

RATE	ADDIT FEE
x\$ =	\$
x\$ =	\$
x\$ =	\$
TOTAL	\$0

OR

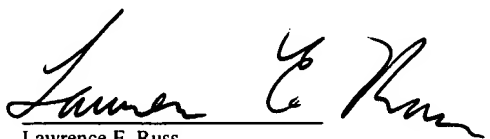
OTHER THAN A SMALL ENTITY

RATE	ADDIT FEE
x\$ =	\$0
x\$ =	\$0
x\$ =	\$0
TOTAL	\$0

OR

- ☐ Please charge my Deposit Account No. 03-2317 in the amount of \$ _____.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge additional fees or credit any overpayment associated with this communication to Deposit Account No. 03-2317.
- ☒ Any additional filing fees required under 37 CFR § 1.16.
- ☒ Any patent application processing fees under 37 CFR § 1.17.

Dated: January 22, 2001


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